

PATENT
Attorney Docket No. 6370

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Petersen, et al.

Serial No.: 10/075,120

Group No.:

Filed: February 13, 2002

For: Spinal Proprioception Methods and Related Systems

Commissioner for Patents Washington, D.C. 20231

COMPLETION OF FILING REQUIREMENTS

(check and complete this item, if applicable)

I. [X] This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed April 11, 2002.

NOTE: If these papers are filed before the office letter issues, adequate identification of the original papers should be made, e.g., in addition to the name of the inventor and title of invention, the filing date based on the "Express Mail" procedure, the serial number from the return post card or the attorney's docket number added.

[X] A copy of the Notice to File Missing Parts of Application-Filing Date Granted (Form PTO-1533) is enclosed.

NOTE: The PTO requires that a copy of Form PTO-1533 be returned with the response to the notice to file missing parts to the application.

DECLARATION OR OATH

II. [X] No original declaration or oath was filed. Enclosed is a copy of the original declaration or oath for this application.

[] The original declaration or oath which was filed was determined to be

defective. A new original oath or declaration is attached.

NOTE: 37 CFR 1.41(a) points out that "Full names must be stated, including the family name and at least one given name without

abbreviation together with any other given name or initial."

NOTE: For surcharge fee for filing declaration after filing date complete item VI(3) below.

Reg. No. 35,853

Tel. No.: (414) 298-8359

Rodney D. DeKruif

Reinhart Boerner Van Deuren, s.c.

Attn: Linda Gabriel, Docket Clerk 1000 North Water Street, Suite 2100

Milwaukee, WI 53202

CERTIFICATION UNDER 37 CFR 1.08 MAILING

I nereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this date: July 2, 2002

Mamy Barran (

Date: Ji

July 2, 2002







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JUL "	DECLARATION	N FOR UTILITY C	R	Attorney Docke	et Number	6370				
EN IPOCONE	·	ESIGN APPLICATION	•	First Named In		Clive Pai				
Harde		FR 1.63)		COMPLETE IF KNOWN						
-	Declaration	☑ Declaration		Application Num	nber 10 /	075,120				
	Submitted OR with Initial	Submitted after		Filing Date	Febr	uary 13, 2002				
	Filing	Filing (surcharge (37 CFR 1.16 (e	e e))	Group Art Unit	3736					
		required)		Examiner Name						
	I believe I am the original names are listed below) of the specification of which is attached hereto OR was filed on (MM/DI Application Number 10 I hereby state that I have amended by any amendal acknowledge the duty to	SPINAL PROPRICE SPINAL PROPRICE D/YYYY) February 13, 2 /075,120 and reviewed and understandment specifically referred to	h is claime OCEPTION (Title of 2002 d was ame the content o above.	d and for which a pat METHODS AND R the Invention) as Unit nded on (MM/DD/YY	tent is sought on ELATED SYSTE ted States Applic YY) tified specification	the invention entity MS ation Number or P	PCT International			
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[Page 1 of 2]

Additional provisional application

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

02/13/2001

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

60/268,296



Rease type a plus sign (+) inside this box valid OMB control number

PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

 □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Numb	er 6370
First Named Inventor	Clive Pai
COMP	LETE IF KNOWN
Application Number	10 / 075,120
Filing Date	February 13, 2002
Group Art Unit	3736
Examiner Name	

As a below named inventor, i hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
SPINAL PROPRIOCEPTION METHODS AND RELATED SYSTEMS											
the specification of which is attached hereto OR			(Title of the Invention)								
was filed on (MM/I	(איאיסכ	February 13, 200	02 as	United St	ates Applica	ation Number or P	CT International				
Application Number	Application Number 10/075,120 and was amended on (MM/DD/YYYY) (if applicable)										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
pertificate, or 365(a) of ar America, listed below and or of any PCT international	hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's ertificate, or 365(a) of any PCT international application which designated at least one country other than the United States of merica, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, rof any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)		riority Claimed	Certified Co YES	py Attached? NO				
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☐ Additional foreign appli	ation num	bers are listed on a	a supplemental priority d	ata sheet f	TO/SB/028	3 attached hereto	:				
I hereby claim the benefit	under 35 U	.S.C. 119(e) of any	y United States provision	al applicat	ion(s) listed	below.					
Application Numb	er(s)	Filing Date	(MM/DD/YYYY)								
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[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 _ of _ 2 _

Name of Additional	Joint Inventor, if any:			A petition has	s bee	n filed for th	is un	signed inve	ntor	
	me (first and middle [if any])				Fa	amily Name	or St	ımame		
Cheryl		-	Petersen							
Inventor's Signature								Date		
Residence: City	Port Washington	State	WI Country U.S. Citizenship U.S.							
Post Office Address	1085 Niagara Lane								.,	
Post Office Address										
City	Port Washington	State	WI Zip 53074 Country U.S.							
Name of Additional	Joint Inventor, if any:			A petition has	bee	n filed for th	is uns	signed inve	ntor	
Given Na	me (first and middle [if any])				Fa	mily Name	or Su	mame		
Arvid			Brekke							
Inventor's Signature	Date									
Residence: City	Esko	State	MN Country U.S. Citizenship U.S.							U.S.
Post Office Address	96 West Palkie Road									
Post Office Address										
City	Esko	State	MN	Zip	55	733	Cou	untry	U.S.	
Name of Additional	Joint Inventor, if any:			A petition has	bee	n filed for thi	is uns	signed inver	ntor	-
Given Nar	ne (first and middle [if any])				Fa	mily Name	or Su	mame		
Mary Ellen			Bulow							
Inventor's Signature								Date		
Residence: City	Palos Heights	State	IL	Country		U.S.		Citizenshi	ρ	U.S.
Post Office Address	6454 Fox Lane									
Post Office Address										
City	Palos Heights	State	11.	Zip	604	463	Co	untry	U.S.	

PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date** Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: × Customer Number 22922 Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to:

Customer Number or Bar Code Label Name Rodney D. DeKruif Address Reinhart Boerner Van Deuren s.c. Address 1000 North Water Street, Suite2100 City Milwaukee State ZIP 53202 Country U.S.A Telephone 414-298-8361 Fax 414-298-8097 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Clive Pai inventor's Signature Date Residence: City North Riverside State II Country U.S Citizenship U.S. Post Office Address 2417 Park Avenue Post Office Address City North State ZIP IL 60546 Country U.S. Riverside Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]PTO/SB/02A (3-97) Approved for use through 9/30/98. OMB 0651-0032



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1_ _ of _ 2__

Name of Additional	Joint Inventor, if any:		[] A	petition has	bee	n filed for th	is un	signed inve	ntor	
Given Na	me (first and middle [if any])		Family Name or Surname								
Cheryl		~	Petersen								
Inventor's Signature	Charle In	2 h Herra Date 5.16.02									
Residence: City	Port Washington	State	WI Country U.S. Citizenship U.S.							U.S.	
Post Office Address	1085 Niagara Lane									·	
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City	Port Washington	State WI Zip 53074 Country U.S.									
Name of Additional	Joint Inventor, if any:] A	petition has	bee	n filed for thi	is un:	signed inver	ntór	
Given Nar	ne (first and middle [if any])					Fa	mily Name	or Su	mame		
Arvid		Brekke		·						-	
Inventor's Signature									Date		
Residence: City	Esko	State	MN		Country		U.S.	•	Citizenshi	9	U.S.
Post Office Address	96 West Palkie Road										
Post Office Address											
City	Esko	State	MN		Zip	557	' 33	Co	untry	U.S.	
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Given Nar	ne (first and middle [if any])					Fa	mily Name	or Su	mame		
Mary Ellen			Bulow							· · ·	
Inventor's Signature									Date		
Residence: City	Palos Heights	State	IL.		Country		U.S.		Citizenshi	p	U.S.
Post Office Address	6454 Fox Lane										
Post Office Address											
City	Palos Heights	State	IL		Zip	604	463	Co	untry	U.S.	

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Name of Additional	Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor								
Given Na	me (first and middle [if any])		Family Name or Surname								
Erinn			Ewers		· · · · · ·						
Inventor's Signature	·					Date					
Residence: City	Chicago	State	íL	Country	U.S.	Citizensi	nip	U.S.			
Post Office Address	801 North Wabash Avenue, a	#2N									
Post Office Address											
City	Chicago	State	1L	Zip	60611	Country	U.S.				

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 _ of _ 2 _

Name of Additional	Joint Inventor, if any:	T		A petition I	as bec	en filed for th	is unsigne	ed inventor	 		
Given Na	me (first and middle [if any])		Family Name or Surname								
Cheryl			Petersen								
Inventor's Signature				:		· · · · · · · · · · · · · · · · · · ·	Dat	te	·		
Residence: City	Port Washington	State	wı	Countr		U.S.	Citiz	izenship	U.S.		
Post Office Address	1085 Niagara Lane							<u> </u>	· <u></u>		
Post Office Address											
City	Port Washington State Wi Zip 53074 Country U.S.										
Name of Additional		ſ	A petition h	as bee	n filed for th	is unsigned	d inventor				
	me (first and middle [if any])				Fa	amily Name	or Surnam	ne			
Arvid		Brekke	· ·								
Inventor's Signature	Date										
Residence: City	Esko	State	MN Country U.S. Citizenship U.S.						U.S.		
Post Office Address	96 West Palkie Road						<u></u>				
Post Office Address							· · · · · · · · · · · · · · · · · · ·				
City	Esko	State	MN	Zip	55	733	Country	U.S.			
Name of Additional	Joint Inventor, if any:		[A petition h	as bee	n filed for th	is unsigned	d inventor			
Given Nar	me (first and middle [if any])				Fa	mily Name	or Sumam	ne			
Mary Ellen			Bulow								
Inventor's Signature	Mary G Bo	low					Date	e 5/20/0	2		
Residence: City	Palos Heights	State	IL Country U.S. Citizenship U.S.						U.S.		
Post Office Address	6454 Fox Lane	·	·····								
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City	Palos Heights	State	IL	Zip	60	463	Country	U.S.			

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DECLARATION — Utility or Design Patent Application

												
United States of United States of Information whi	I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S.	Parent	Application Number		T Parent				ing Dat	e	Parent Patent Number (if applicable)		
☐ Additional (J.S. or PC1	international app	lication r	numbers are l	isted on a	supple	mental p	riority data	sheet	PTO/SB/0	02B attached he	reto.
As a named inv and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 22922 Registered practitioner(s) name/registration number listed below											
	Registration Registration Name Number Name Number											
☐ Additional n	egistered p	ractitioner(s) narr	ed on su	pplemental R	egistered	Practiti	oner Info	rmation st	neet PT	O/SB/020	attached herei	o.
Direct all correspondence to: Customer Number or Bar Code Label 22922 OR □ Correspondence address below												
Name Rodney D. DeKruif												
Address	Reinhar	Boerner Van	Deuren	s.c.								
Address	1000 No	orth Water Stre	et, Sui	te2100								
City		Mi	wauke	0		S	tate	WI	ZIP	53202		/
Country		U.S.A.		Telephone		414-2	98-836	1	Fax	414-29	8-8097	
believed to be	true; and f ine or imp	statements made further that these risonment, or bo sued thereon.	stateme	nts were ma	de with t	ne know	dedge th	at willful f	alse s	atements	and the like sa	o made are
Name of Sc	le or Fir	st Inventor:				□ A:	petition	has bee	n file	d for this	unsigned in	ventor
	Given Na	me (first and m	iddle [if	any])				Fam	ily Na	ne or Su	rname	
		Clive				Pai						
Inventor's Signature						1					Date	
Residence:	City	North Riversion	ie	State	IL	Co	untry	U.S.			Citizenship	U.S.
Post Office	Address	2417 Park Ave	enue									
Post Office	Address				_						<u> </u>	,
City		North Riverside	State	1L	ZIP		605	46		Country	U.	S.
	ventors a	re being named	on the _	_2 supp	lemental	Additio	nal Inver	ntor(s) she	eet(s) i	PTO/SB/	02A attached h	ereto.

[Page 2 of 2]PTO/SB/02A (3-97) Approved for use through 9/30/98. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 _ of _ 2 _ _

Name of Additional	Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor								
	me (first and middle [if any])		Family Name or Surname								
Cheryl			Petersen								
Inventor's Signature				···				Date			
Residence: City	Port Washington	State	WI Country U.S. Citizenship U.S.								
Post Office Address	1085 Niagara Lane										
Post Office Address											
City	Port Washington	State	WI Zip 53074 Country U.S.								
Name of Additional	Joint Inventor, if any:			petition has	bee	n filed for th	is uns	signed inver	ntor		
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Arvid	·		Brekke								
Inventor's Signature	arvid Brekke 5-15-2002							2			
Residence: City	Esko	State	MN Country U.S. Citizenship U.S.						U.S.		
Post Office Address	96 West Palkie Road									. •	
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City	Esko	State	MN	Zip	557	733	Cou	untry	_U.S.		
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Given Nar	me (first and middle [if any])				Fa	mily Name	or Su	mame			
Mary Ellen	. •		Bulow					_			
Inventor's Signature								Date			
Residence: City	Palos Heights	State	IL.	Country		U.S.		Citizenshi	р	U.S.	
Post Office Address	6454 Fox Lane		·								
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City	Palos Heights	State	1L	Zip	604	463	Coi	untry	U.S.		

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DECLARATION

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 2__ of _ 2__

Name of Additional	☐ A petition has been filed for this unsigned inventor								
Given Na Erinn	Family Name or Surname Ewers								
Inventor's Signature		T				Date			
Residence: City	Chicago	State	íL.	Country	U.S.	Citizens	hip	U.S.	
Post Office Address	801 North Wabash Avenue,	#2N							
Post Office Address		· ··							
City	Chicago	State	IL.	Zip	60611	Country	U.S.		

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below							in the Patent					
Name				Registration Number			Name					stration mber	
☐ Additional r	egistered p	ractitioner(s) nam	ed on su	pplemental Re	gistered	Practitie	oner Info	rmation st	neet P1	O/SB/02	C attached here	to.	
Direct all com	esponder		tomer N ar Code		2	2922		OR [] Co	rrespon	dence addres	s below	
Name	Rodney	D. DeKruif				···							
Address	Reinhart	Boerner Van	Deuren	1 S.C.									
Address	1000 No	rth Water Stre	et, Sui	te2100						1			
City		Milwaukee				St	State WI ZII			P 53202			
Country		U.S.A. Teleph				414-298-8361 F			Fax	ax 414-298-8097			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												o made are	
Name of Sole or First Inventor:					☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle			iddle [if	any])			Family Name or Su				ırname		
Clive						Pai							
Inventor's Signature			lin	s ta	ì <u> </u>						Date	5/15/02	
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Post Office Address 2417 Park Avenue													
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	nventors a	re being named	on the _	_2supple	mental	Addition	nal Inve	ntor(s) sh	eet(s)	PTO/SB/	02A attached h	ereto.	

[Page 2 of 2]PTO/SB/02A (3-97) Approved for use through 9/30/98. OMB 0651-0032

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